



Department of Veterans Affairs

REQUEST FOR PRINTING OF FORM OR FORM LETTER

TO	PUBLICATIONS SERVICE (97)	COST CENTER	SUBACCOUNT	STA. NO.	REQUEST NO.	F.Y.	
		PUBLICATIONS CONTROL OFFICER (Name and correspondence symbol)					
FORM OR FL NO. AND ISSUE DATE		TITLE OR SUBJECT					
TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> REVISION <input type="checkbox"/> OTHER (Specify)		USE CODE (Specify C, I, F, H, R, etc.)					
QUANTITY TO BE PROCURED (In terms of unit of issue)		STANDARD PACK (50, 100, 250, 500)		STOCKED BY <input type="checkbox"/> DEPOT <input type="checkbox"/> SERVICE <input type="checkbox"/> STATION <input type="checkbox"/> ELECTRONIC LIBRARY <input type="checkbox"/> LOCAL REPRO. AUTHORIZED			
		UNIT OF ISSUE		RELEASE WITH ADMINISTRATIVE ISSUE (If "YES," specify issue) <input type="checkbox"/> YES <input type="checkbox"/> NO			CONTACT PRINT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
FORM OR FL'S REPLACED (ISSUE OLD STOCK FIRST (R))			FORMS AND FL'S SUPERSEDED (SALVAGE ON RECEIPT OF NEW PRINTING) (RS)			DEPOT STOCK ON HAND	
						QUANTITY	DATE
SPECIFICATIONS							
(X)	DISTRIBUTION INSTRUCTIONS			ADDITIONAL DISTRIBUTION		NO. OF COPIES	
<input type="checkbox"/>	FOR INITIAL DISTRIBUTION - BALANCE TO STOCK (7225 ATTACHED)						
<input type="checkbox"/>	TO DEPOT STOCK - FOR ISSUE ON AUTHORIZED REQUISITION						
<input type="checkbox"/>	SERVICE STOCKED						
<input checked="" type="checkbox"/>	10 COPIES TO FORMS CONTROL						
<input checked="" type="checkbox"/>	3 TO IDCU - 2 TO EDITORIAL - 5 TO (045A4)						
<input type="checkbox"/>	STATION STOCKED						
DATE REQUIRED BY USING OFFICE		PERSON TO CONTACT		TELEPHONE NO.	SIGNATURE OF PUBLICATIONS CONTROL OFFICER		DATE